No. 2
4-13-40
-17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36400

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1944

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5032 Lansdowne St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sue Anne Nicholson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10-12-40 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Richmond Heights (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Melvin B. Nicholson
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Verna Anne Bruemmer
15. Birthplace Carlyle (City, town, or county) Ill (State or foreign country)
16. (a) Informant Verna Nicholson
(b) Address 5032 Lansdowne, St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter and Paul
18. (a) Signature of funeral director Geetz Bros.
(b) Address 3029 Lafayette
19. (a) OCT 14 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1940 hour 9:20 minute a M.
21. I hereby certify that I attended the deceased from Birth 10-12-40, 19 to 10-14-40, 19; that I last saw her alive on 10-14-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Massive abdominal Hemorrhage	2 hrs
Due to Spontaneous Hemorrhage in Liver - Kidneys etc	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707 (Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Martney (M. D. or other)
Address 634 N. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Francis J. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.